# **BEHAVIOR SUPPORT PLAN REVIEW**



## **Behavior Support Plan Review**

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Name:	Dat	te of Meeting:	
		_	
Behavior Plan Author(s):		BP Plan Date:	
1. Procedures/Target Behavior (attach	copy of plan, onl	y if changed):	
General Intervention: T	arget Behavior(s):		
Aversive:	Target Behavior(s):		
	0 ()		
2. Was data received in a timely mann	or?	Yes	No, explain
		105	
Is data to be reviewed reliable/		Yes	No, explain
is data to be reviewed reliable/	/anu:	les	No, explain
3. Data and interpretation relative to k	ehaviors to incre	ease:	
a. Goal attainment regarding replacement	behavior/other behav	viors to increase:	
b. Is further behavioral assessment neede	d? No	Yes, explain	
c. Is there an attached graph to show prog	gress Yes	No, explain	
(required every 90 days)			

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#### 4. Are reinforcers still effective?

/es	No, explain

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#### 5. Data and interpretation of target behavior(s) to decrease:

a. Summarize frequency, intensity, etc. of target behaviors over review period, % of days without target behavior, address issues of variability of data, and note any changes in comparison to last month's data, baseline data.

Current Month

Previous Month

#### Baseline data

6.

b. Has the function of the behavior changed?	No	Yes, explain
. Has fading criteria been met?	No	Yes, explain
Do fading procedures need to be clarified?	No	Yes, explain



7. Frequency/Description of other problem behaviors occurring:

8. Any significant events of changes in individual's physical, environmental or social status (illness, staff changes, loss or illness of significant others, etc.) Describe impact, if any, on behavior and modification needed:

9. Problems with have risen regarding intervention. Describe any injuries or indications which have occurred from the intervention since the last review:

10. Have current implementers been trained?	Yes	No, explain
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**11.** Indicate the need for further training for staff and who will provide/when:

12. Should the individual be referred to any specialists or other service providers?

No Yes, explain

#### 13. List current psychotropic medications and the respective diagnosis (if changed):

Any aversive side effects of medications: No Yes, explain



#### 14. What is the individual's overall response to the intervention?

Has the individual had an opportunity to voice any concerns about the intervention?

Yes

No, explain

### **15.** Are any changes proposed in type or level of procedure? No Yes, explain

Next Meeting: \_\_\_\_\_

Signature	Position	Continue	Discontinue	Continue with Changes	Date

Comments :

